Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	plication Number 10/574,125					
Filing Date	06-13-2006					
First Named Inventor	Per Holm					
Title	Method for preparing modified release pharm					
Art Unit	1618					
Examiner Name	WESTERBERG, NISSA M					
Attorney Docket Number	134391.00101					

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted	d herewith.	_				
OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR			64574			
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
Practitioner(s) N	Practitioner(s) Name		Registration Number			
Please recognize or change the correspondence address for the above-identified application to:						
The address associated with the above-mentioned Customer Number.						
OR The address associated with Customer Number: 64574 OR						
Firm or Individual Name						
Address						
City		State		Zip		
Country				- <u> </u>		
Telephone		Email				
I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
/SIGNATURE of Applicant or Assignee of Record						
Signature	begles		Date	06/14/2070		
	-MARIE JOR		Telephone			
Title and Company IP DIRFCTOR, LIFELYCLE PHARMA AS						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total offorms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.